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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE uction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 1662-15100 (P99-2434) Attorney Docket No.

UTILITY PATENT APPLICATION TRANSMITTAL

First Inventor or Application Identifier | Ker Sze TOH et al.

SOFTWARE DELIVERY SYSTEM

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Comp to the tr								
_	APPLICATION ELEMENTS napter 600 concerning utility patent applica	tion contents.	AD	DRESS TO:	Assistant Co Box Patent . Washington			
1. (s 2. (s 2. (p) - C - S	Fee Transmittal Form (e.g., PTO/SE ubmit an original and a duplicate for fee purposecification [Total Pareferred arrangement set forth below) Descriptive title of the Invention Cross References to Related Applica Statement Regarding Fed sponsored Reference to Microfiche Appendix	rocessing) ages 25]		cleotide and/or pplicable, all n	Amino Acid necessary) puter Reada er Copy (ider	ogram (Appendix) Sequence Submission ble Copy stical to computer copy) ng identity of above copies		
- E - E - C	Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (<i>if fi</i> Detailed Description Claim(s)	ied)	7. v 8	Assignment 37 C.F.R.§3 (when there	Papers (cov .73(b) Stater is an assign	ee) Attorney		
3. 🗸 Dr	Abstract of the Disclosure rawing(s) (35 U.S.C. 113) [Total Ship Declaration [Total Page 13]		10. 11.	Information Statement (I	Disclosure IDS)/PTO-14	Copies of IDS Citations		
a. Newly executed (original or copy) b. Copy from a prior application (37 C.F.R. § 1.63(d)) (if or continuation/divisional with Box 16 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 13. Statement(s) (if original prior application, certified Copy of Priority Document(s) (if foreign priority is claimed) (if foreign priority is claimed) 15. Other: \$730.00 Check								
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP) Of prior application No: Prior application information: Examiner Group / Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
	17. C	ORRESPONDI	ENCE AD	DRESS				
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)								
Name	Michael F. Heim Conley, Rose & Tayon, P.C.							
Address	PO Box 3267			······································				
City	Houston State T				Zip Code	Zip Code 77253-3267		
Country	USA	Telephone	713-238-	8000	Fax	713-238-8008		
	Name (Print/Type) Michael F. Heim Registration No. (Attorney/Agent) 32,702							

Date Signature

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FEE TRANS	ΜΙΤΤΔΙ	Complete if Known				
		Application Number	Not Yet Assigned			
for FY 1	999	Filing Date	Concurrently Herewith			
Patent fees are subject to a		First Named Inventor	Ker Sze TOH et al.			
Small Entity payments <u>must</u> be supported otherwise large entity fees must be paid.		Examiner Name	UNKNOWN			
	T	Group / Art Unit	UNKNOWN			
TOTAL AMOUNT OF PAYMENT	(\$) 730.00	Attorney Docket No.	1662-15100 (P99-2434)			
METUOD OF DAYMENT		TEE O	ALCUL ATION (continued)			

TOTAL AMOUNT OF PAYMENT (\$) 730.00		Attor	ney [Docket	No.	1662-15	100 (P99-2434)	
METHOD OF PAYMENT (check one) FEE CALCULATION (continued)								
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	Larg Fee	e Entit Fee	y Sma Fee			Fee D	escription	Fee Paid
Deposit Account Conley, Rose & Tayon, P.C.	105	le (\$) 130	205	e (\$) 65	Surcha	rge - late fil	ing fee or oath	
Number Deposit Account 03-2769	127	50	227	25		rge - late p	rovisional filing fee or	г
Name	139	130	139	130	Non-E	nglish speci	fication	
Fee Required Under 37 CFR 1.16 and 1.17	147	2,520	147	2,520	For filir	ng a reques	for reexamination	
	112	920*	112	920*		sting publication	ation of SIR prior to	
2. Payment Enclosed: Check Money Other Order	11,3	1,840	113	1,840	Reque: Examir	sting publica ner action	ation of SIR after	
EEE CALCULATION	115	110	215	55			within first month	
FEE CALCULATION	116	380	216	190			within second mont	h
1. BASIC FILING FEE Large Entity Small Entity	117	870	217	435	Extens	ion for reply	within third month	
Fee Fee Fee Fee Description	118	1,360	218	680	Extens	ion for reply	within fourth month	
Code (\$) Code (\$) Fee Paid 101 690 201 345 Utility filing fee 690.00	128	1,850	228	925	Extens	ion for reply	within fifth month	
106 310 206 155 Design filing fee	119	300	219	150	Notice	of Appeal		
107 480 207 240 Plant filing fee 120 300 220 150				150	Filing a	brief in sup	pport of an appeal	
108 690 208 345 Reissue filing fee	121	260	221	130	•	st for oral h	•	
114 150 214 75 Provisional filing fee	138	1,510	138	1,510	Petition	to institute	a public use procee	ding
	140	110	240	55	Petition	to revive -	unavoidable	
SUBTOTAL (1) (\$) 690.00	141	1,210	241	605	Petition	to revive -	unintentional	
2. EXTRA CLAIM FEES	142	1,210	242	605	Utility is	ssue fee (or	reissue)	
Fee from Ext <u>ra Claims below</u> Fee Paid	143	430	243	215	Design	issue fee		
Total Claims 19 -20** = -0- x 18.00 = 00.00	144	580	244	290	Plant is	sue fee		
Independent 3 - 3** = -0- x 78.00 = 00.00	122	130	122	130	Petition	ns to the Co	mmissioner	
Multiple Dependent 00.00 = 00.00	123	50	123	50	Petition	ns related to	provisional applicati	ions
**or number previously paid, if greater; For Reissues, see below	126	240	126	240	Submis	ssion of Info	rmation Disclosure S	Stmt
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40			atent assignment per mber of properties)	40.00
103 18 203 9 Claims in excess of 20	146	760	246	380	Filing a	submission R 1.129(a))	n after final rejection	
102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim, if not paid	149	760	249	380	For ea	ch additiona	Il invention to be	
109 78 209 39 ** Reissue independent claims	O45	. .	i£ .\			ned (37 CFF		
over original patent 110 18 210 9 ** Reissue claims in excess of 20 and over original patent								-
SUBTOTAL (2) (\$) - 0 -	Red	uced by	Basic	Filing I	ee Paic	ı sı	JBTOTAL (3)	\$) 40.00
SUBMITTED BY							Complete (if	applicable)
Typed or Michael F. Heim							Reg. Number	32,702
Signature Mahall Language				Date	01/14	/2000	Deposit Account	<u> </u>

SUBMITTED B	Υ	Complete (if applicable)			
Typed or Printed Name	Michael F. Heim			Reg. Number	32,702
Signature	Michael & Slim	Date	01/14/2000	Deposit Account User ID	

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